

## CLAIMS ONLY

Application Number  
10/510625

Filing Date

Applicant(s)	
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\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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13						
14						
15						
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19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29	1					
30		1				
31		1				
32		1				
33		1				
34		3				
35		3				
36		3				
37		3				
38	1	3				
39	inv	1				
40		1				
41		1				
42		2				
43		2				
44		2				
45		2				
46	1					
47	1					
48						
49						
50						
Total Indep	4					
Total Depend	27					
Total Claims	31					

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	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						